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**FAX FILING IN U.S. PATENT & TRADEMARK OFFICE**DATE: December 17, 2004

TIME: \_\_\_\_\_

TO:	Examiner Jeffery A. Hofsass	FAX NO.:	1-703-872-9306
FROM:	Christopher J. Dervishian	ADMIN. ASST.:	Patricia C. Boccella
APPLN. NO.:	10/821,938	ATTY. DOCKET NO.:	RFID-111US
TITLE OF APPLN.: CORDLESS TELEPHONE SYSTEM			
FILING DATE:	April 12, 2004	ART UNIT:	2636
FIRST INVENTOR:	Louis A. Stilp	CONF. NO.:	2137
TITLE OF DOCUMENT (and List of Attachments): Transmittal and Power of Attorney and			
Correspondence Address Indication Form			

Total Number of Pages: 3 (including this form)**COMMENTS****CONFIDENTIAL AND PRIVILEGED ATTORNEY/CLIENT INFORMATION**

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PTO/SB/21 (04-04) (AW 06/2004)

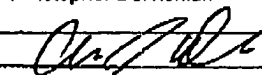
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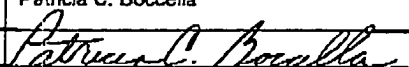
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/821,938
	Filing Date	April 12, 2004
	First Named Inventor	Louis A. Stip
	Art Unit	2838
	Examiner Name	Jeffery A. Hofsass
Total Number of Pages in This Submission 2	Attorney Docket No.	RFID-111US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Firm or Individual Name	Christopher Dervishian	Registration No. (Attorney/Agent)	42,480
Signature			
Date	December 17, 2004		

CERTIFICATE OF TRANSMISSION / MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Typed or printed name	Patricia C. Boccella		
Signature		Date	December 17, 2004

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<b>POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS INDICATION FORM</b>	Application Number	10/821,938
	Filing Date	April 12, 2004
	First Named Inventor	Louis A. Stilp
	Title	CORDLESS TELEPHONE SYSTEM
	Art Unit	2636
	Examiner Name	Jeffery A. Hofsaas
	Attorney Docket Number	RFID-111US

I hereby revoke all previous powers of attorney given in the above-identified application.

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☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Louis A. Stilp</i>	Date	12/15/04
Name	Louis A. Stilp	Telephone	(610) 727-3930
Title and Company	CEO, SecurInex, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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